COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIPI

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

·	INIVENITABELID IN	ENITIFICATION
☐ divisional	☐ continuation	☐ continuation-in-part (CIP)
図 original	☐ design	☐ supplemental
This declaration is of th	ne following type: (chec	k one applicable item below)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

> TITLE OF INVENTION: DISPERSANT-VISCOSITY IMPROVERS FOR LUBRICATING OIL COMPOSITIONS

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c	the	specification	of	which:	(complete	(a),	(b)	or	(C	"
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(a) \square is attached hereto.

(b) [⊠ was filed on	June 19, 199	<u>15</u> as ⊠	Serial No.	08/492276	or D Express	Mail
No	, as Se	rial No. O_J	and v	vas amend	ed on	(if applica	ible).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number.)

Frederick D. Hunter, Sr., 26,915 James L. Cordek, 31,807 Joseph P. Fischer, 31,758 William J. Connors, 31,208

James A. Cairns, 32,557 David M. Shold, 31,664 John H. Engelmann, 28,075

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
Patent Dept. - Patent Administrator
29400 Lakeland Boulevard
Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO: (Name and telephone number)
Joseph P. Fischer
(216) 943-1200, Ext. 4503

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S) ū Full name of sole or first inventor _____ Charles P. Bryant Charles **Bryant** (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME) i ali Inventor's signature Charle P. Bront Date Sept 8, 1995 Country of Citizenship U.S.A. Residence 675 East 240th Street, Euclid, Ohio 44123 Post Office Address __Euclid, Ohio Full name of second joint inventor, if any Bryan A. Grisso (MIDDLE INITIAL OR NAME) (GIVEN NAME) FAMILY (OR LAST NAME) Inventor's signature Dry A Country of Citizenship _____U.S.A. Residence 744 Bryn Mawr Avenue, Wickliffe, Ohio 44092 Post Office Address Wickliffe, Ohio

full name of third joint i	nventor, if any <u>Robert Cantiani</u>	
		Cantiani
Robert (GIVEN NAME)		(OR LAST NAME)
	THE STATE OF THE S	
nventor's signature		
Date 4 ppt 1995	Country of Citizenship F	rance
, , , , , , , , , , , , , , , , , , , ,	Daniella 02200 Butcoux Franco	
Residence 22 Ru	ue Rouselle, 92800 Puteaux, France	
Post Office Address	Puteaux, France	
	OR ANY OF THE FOLLOWING ADDED PAGE(S) WHIC	
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